

JUL 14 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:
Pochon et al.

Serial No.: 10/064,943

Filed: August 30, 2002

Group Art Unit: 2145

Examiner: Mirza, Adnan M.

Atty. Docket No.: CH920010045US1

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571-273-8300) on 7/14/06



Konstantina M. Katcheves

For: METHOD AND APPARATUS FOR DATA NORMALIZATION

AMENDMENT UNDER 37 C.F.R. §1.111

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment is in response to the Office Action mailed May 3, 2006, setting a three-month statutory period for response. Therefore, this amendment is timely filed. Please amend the above-identified patent application as follows:

IN THE CLAIMS:


Please cancel claims 1-17 and amend the claims as follows:

07/17/2006 AWONDAF1 00000027 500510 10064943

01 FC:1201 200.00 DA
02 FC:1202 50.00 DA

10/064,943

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. CH920010045US1	
Applicant(s): Pochon et al.						
Application No. 10/064,943	Filing Date August 30, 2002	Examiner Mirza, Adnan M.	Customer No. 29154	Group Art Unit 2145	Confirmation No. 3630	
Invention: METHOD AND APPARATUS FOR DATA NORMALIZATION				RECEIVED CENTRAL FAX CENTER JUL 14 2006		
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	21 -	20 =	1	x \$50.00	\$50.00	
INDEP. CLAIMS	4 -	3 =	1	x \$200.00	\$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$250.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 50-0510 in the amount of \$250.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: 7/14/06			
Konstantina M. Katcheves Registration No. 54,818 Gibb I.P. Law Firm, LLC 2568-A Riva Road Suite 304 Annapolis, MD 21401 (410) 573-1528			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
CC:						

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